

## CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
② 1	1								51			
2									52			
3									53			
4									54			
5									55			
6									56			
7									57			
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10									60			
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41									91			
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43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	1								Total Indep			
Total Depend	11	←	←	←					Total Depend	←	←	←
Total Claims	12								Total Claims			

12/1